

MICHIGAN DEPARTMENT OF STATE BUREAU OF ELECTIONS

ORIGINAL OR AMENDED

STATEMENT OF ORGANIZATION FO	ORM FOR CANDIDATE COMMITTEES
1. Committee ID #: 137479	10. REPORTING WAIVER REQUEST: If the committee does not expect to receive or expend in excess of \$1,000 in an election
2. Type of Filing: Original 7. Page 102/01/2010	and checks this box, the filing requirement of pre, post and annual campaign statements is waived. The Reporting Waiver will be automatically lost if the committee exceeds the \$1,000 threshold.
Amendment to Items: 8 Eff. Date: 02/01/2010 3. Full Name of Committee (must include Candidate's first and last name): CTE Darrin York	11. Name and Address of Depositories or Intended Depositories of committee funds. (Michigan Bank, Credit Union or Savings & Loan Association)
and last name, CTE Darrin York	a. Official Depository
4a. Candidate Full Name (Last, First, M.I.):	
Darrin York 4b. Political Party (if applicable): Republican	RECEIVED
4c. County of Residence: Macomb	FEB - 1 RECT b. Secondary Depository
4d. Office Sought (Check one):	CARMELLA SARALIO
Governor Lt. Governor State Senator State Rep. Sec. of State Attorney Gen. State Bd. of Ed. UofM Reg. MSU Trustee	MACOMB COUNTY CLERK 12. This item applies only to Gubernatorial Candidate
WSU Gov. Supreme Court Appeals Court Circuit Court District Court Probate Court	Committees: Check if this committee intends to seek qualifying contributions or make qualifying expenditures.
Municipal Court Local or other please specify: Harrison Township Treasurer	13. ELECTRONIC FILING: This item applies to committees that file with the Michigan Department of State Bureau of Elections only and does not apply to Candidate Committees that file with the County Clerk's office.
4e. District/Circuit # or Jurisdiction:	
5. Date Committee was Formed: 6a. Committee Phone #:	The Campaign Finance Act requires any committee that files with the Secretary of State and spends or receives \$20,000 in the preceding calendar year OR expects to spend or receive \$20,000 in the current calendar year to file campaign statements electronically. MERTS Plus software is provided to
6b. Committee Fax #:	you free of charge to assist you in meeting this requirement.
6c. Committee E-mail Address:6d. Committee Website Address:	Committee spent or received or expects to spend or receive in excess of \$20,000 and is required to file electronically.
7a. Complete Comm. Mailing Address (May be PO Box):	** OR **
7a. Complete Comm. Maning Address (May be 10 Box).	Committee did not spend or receive or does not expect to spend or receive in excess of \$20,000 and would like to file electronically voluntarily.
7b. Complete Comm. Street Address (May <i>not</i> be PO Box):	14. Verification: I/We certify that all reasonable diligence was used in the preparation of the above statement and that the contents are true, accurate and complete to the best of my/our knowledge or belief. If filing electronically, we further agree that the signatures below shall serve as the signatures that verify the accuracy and
8. Treasurer Name and Complete Address:	completeness of each statement filed electronically by the committee. I/We certify that all reasonable diligence will be used in the
Jared Maynard	preparation of each statement electronically filed by this committee
45128 Utica Green East Shelby Twp, MI 48317	and that the contents of each statement will be true, accurate and complete to the best of my/our knowledge or belief. (Sign Name and Date)
Phone #: (586) 557-3913	Maria (last 02/01/10
E-mail Address: republicanboy@hotmail.com	Gandidate 02/01/10
9. Designated Record Keeper Name and Complete Address:	02/01/10
	Current Treasurer
Phone #:	Designated Record Keeper (Required only if filing electronically)
E-mail Address:	Designated Record Reeper (Required only it filling electronically)